United Nations DP/FPA/CPD/SSD/3

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
5 July 2018

Original: English

Second regular session 2018
4-7 September 2018, New York
Item 8 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for South Sudan

Proposed indicative UNFPA assistance:	$55 million: $7.8 million from regular resources and $47.2 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Three years (2019-2021)
Cycle of assistance:	Third
Category per decision 2017/23:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	3.3	39.8	43.1
Outcome 2	Adolescents and youth	1.6	2.4	4.0
Outcome 3	Gender equality and women's empowerment	1.0	4.0	5.0
Outcome 4	Population dynamics	1.0	1.0	2.0
Programme coordination and assistance		0.9	-	0.9
Total		7.8	47.2	55.0

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Please recycle

I. Programme rationale

1. South Sudan attained independence in 2011. It has a population of 12.3 million, with 81 per cent living in rural areas and 73.7 per cent under the age of 30. The total fertility rate is 7.5 and the adolescent birth rate (for girls aged 15-19 years) is 158 per 1,000. Significant investment in youth and in mainstreaming youth issues in key sector policies and plans is needed to increase their participation in decision-making and to capitalize on the potential demographic dividend in South Sudan.

2. About 80 per cent of South Sudanese live below the poverty line. The country is heavily dependent on external aid for basic social services and humanitarian relief. The decades of war for independence, local inter-communal conflicts and a weak economy have undermined national capacity for provision of services and the resilience of the South Sudanese population. The current High-Level Revitalization Forum and National Dialogue aim to find solutions to the conflicts.

3. South Sudan is experiencing a protracted humanitarian crisis, with four million people displaced: 1.9 million internally and 2.1 million as refugees in neighbouring countries. South Sudan also hosts 280,000 refugees, mostly from Ethiopia and Sudan. The majority of the displaced population are women, young people and children, who need basic social services. The humanitarian crisis has also been associated with gender-based violence and the destruction and looting of health and education facilities.

4. The maternal mortality ratio in South Sudan is estimated at 789 per 100,000 live births. There are approximately 60,000 cases of obstetric fistula. The high maternal mortality ratio is largely due to limited coverage and availability of high-quality services, illustrated by the extremely low skilled birth attendance rate: 14.7 per cent. Only 40 per cent of health facilities are functional; most still lack equipment, supplies and a sufficient number and mix of health personnel, especially midwives.

5. The contraceptive prevalence rate is 4.5 per cent, with modern methods at 1.7 per cent. The unmet need for family planning is 23.9 per cent. The median age of sexual debut is 14 years old. The adult HIV prevalence rate stands at 2.5 per cent and 30 per cent of new HIV infections occur among persons aged 15-24 years, with women and girls constituting 64 per cent of this group. Female sex workers and their clients are estimated to make up 54 per cent of all new HIV infections. Young people and other key populations, particularly sex workers, have limited access to integrated sexual and reproductive services and information, including comprehensive sexuality education for both in- and out-of-school adolescents and youth. Limited legal and policy frameworks, and deeply rooted sociocultural beliefs and practices hinder the use of available sexual and reproductive health and gender-based violence prevention and response services.

6. A 2017 study in three states by the International Rescue Committee reports that 65 per cent of women have experienced gender-based violence during their lifetime. The gender-based violence information management system reported 3,585 cases in 2017; 46 per cent and 17 per cent of which involved intimate partner and sexual violence respectively. Both child marriage (45 per cent) and teenage pregnancy (300 per 1,000 adolescent girls) contribute to the lack of educational attainment: only 6 per cent and 20 per cent of enrolled girls complete primary and secondary education respectively. Gender inequality, discriminatory practices, poverty and the ongoing conflict are drivers of gender-based violence and child marriage, and limit access to opportunities, resources and participation for women in South Sudan.

7. The 2017 South Sudan Report on the Sustainable Development Goals notes the lack of recent and high-quality data for most indicators, posing challenges for evidence-based planning and evaluation of policies and programmes. Existing population data is outdated and the 2014 Population Census was disrupted by the 2013 conflict. Limited data makes it hard to identify those who are 'left behind' and who need immediate attention, although anecdotally, women, girls and young people are most in need, particularly the rural and disadvantaged, first time mothers and youth with disabilities.

8. The second country programme contributed to the total prevention of maternal deaths (zero per cent) and a 100 per cent skilled birth attendance rate in the Protection

of Civilian sites in Juba (which has a population of 46,000) and Mingkaman (145,000) in 2017. In 2011, there were only six obstetricians and eight midwives in the country; since then, more than 25 obstetricians and 600 midwives have been trained by UNFPA and partners. UNFPA provided leadership for the coordination of the gender-based violence sub-cluster and Reproductive Health Working Group, which contributed to increased use of life-saving services. Annually, about one million people receive sexual and reproductive health services and 100 women receive fistula treatment services. A one-stop-centre for the management of gender-based violence was established in Juba, 10 women and girl-friendly spaces were set up in displacement camps, and youth corners were established in five facilities in three states. The programme has further contributed to development of the National Health Policy, the Reproductive Health Policy, the Family Planning 2020 commitments, the National Action Plan to End Child Marriage and the curricula for sexuality education in secondary schools; and has supported the integration of the reproductive health commodities package into the national medical supply chain management system.

9. Key lessons from the second country programme include: (i) developing the service delivery capacities of government and national partners ensures continuity and sustainability of services within humanitarian and development contexts, and paves the way for the 'New Way of Working'; (ii) working with perpetrators of gender-based violence and custodians of culture creates a strong basis for ownership and sustainability in changing social norms; and (iii) strategic field presence through field hubs increases relevance, visibility, timely humanitarian response and local engagement.

II. Programme priorities and partnerships

10. The third country programme embraces human rights and gender equality principles and is aligned to the National Development Strategy (2018-2021), the United Nations Cooperation Framework (2019-2021) and the Sustainable Development Goals. It keeps the same focus as the second country programme; builds on current achievements and lessons learned; and employs flexible strategies within the humanitarian relief, development and peace continuum. It contributes to UNFPA Strategic Plan (2018-2021) results: zero preventable maternal deaths, zero unmet need for family planning and zero gender-based violence. The programme will be implemented at national level and in selected states where all programme components converge to gain economies of scale and collective impact. Life-saving humanitarian interventions will be implemented wherever they are needed. Regular resources will be used mainly for catalytic and innovative work in advocacy, building partnerships and knowledge management. Other resources will be used mainly for service delivery and capacity development.

11. The programme will be implemented in collaboration with United Nations organizations within the 'delivering as one' framework, and will deepen and widen partnerships with government and non-governmental organizations, the private sector, religious and cultural institutions, academia and the media; and with development partners, including through South-South and triangular cooperation.

A. Outcome 1: Sexual and reproductive health and rights

12. *Output 1: Crisis affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts.* This output supports: (a) the provision of reproductive health and gender-based violence prevention and response services, including the clinical management of rape in static clinics, mobile outreaches, safe spaces for women and emergency referrals; (b) capacity development for delivery of the minimal initial services package, including post-abortion care; (c) the strengthening of the gender-based violence information management system; (d) the coordination of the gender-based violence sub-cluster and Reproductive Health Working Group at national and subnational levels; (e) the training of fistula surgical teams, the equipping of facilities and the provision of coordinated fistula repair services; (f) social and behaviour change communication activities, including working with the Boma Health Initiative to promote the use of maternal health,

family planning, HIV and gender-based violence services; (h) the rehabilitation, equipping and in-service training of health workers to provide emergency obstetric care services; (i) the expansion of sites for youth-friendly services and the youth peer-education network to mobilize young people on reproductive health and HIV prevention; and (j) the distribution of condoms to young people and sex workers.

13. *Output 2: National systems, especially for maternal health and family planning, are strengthened for the provision of integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights.* This output works in the context of the humanitarian relief-development continuum to support the building of more resilient health systems. It includes: (a) strengthening midwifery education and the provision of bonded scholarships for student midwives; (b) support for midwifery regulation and services including working with functional midwifery council and deploying United Nations volunteer midwives; (c) supporting South Sudan Nurses and Midwives Association functions at national and subnational levels; (d) training complementary maternal health service providers such as obstetricians and clinical officers to deliver emergency obstetric care when required ('task-shifting'); (e) conducting maternal death surveillance and response particularly in 14 targeted health facilities; (f) implementing an FP2020 action plan, including procurement and distribution of reproductive health/family planning supplies, strengthening the supply chain management system and training health service providers in the provision of family planning services; (g) developing leadership and management capacities for sexual reproductive health programmes; and (h) advocating support for gender-based violence services and reproductive health and rights, including integrating maternal health in the Universal Periodic Report.

B. Outcome 2: Adolescents and youth

14. *Output 3: Adolescents and youth are better able to make informed decisions on their sexual and reproductive health and rights, and to participate in planning, implementation and evaluation of peacebuilding, development and humanitarian policies and programmes.* Programme interventions include: (a) engaging with relevant sectors and advocating for mainstreaming youth issues into national and sectoral policies, plans and budget allocations; (b) supporting improved harmonization, coordination and work of youth-focused organizations; (c) supporting youth coordination structures and enhancing youth participation in decision-making structures and processes for peace, development and humanitarian programmes; and (d) supporting the integration of comprehensive sexuality education into secondary school programmes and for out-of-school youth in displacement camps/settings, while linking them to youth-friendly services.

C. Outcome 3: Gender equality and women's empowerment

15. *Output 4: Increased multisectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage.* UNFPA will: (a) establish effective intersectoral coordination mechanisms and advocate with political, traditional and religious leaders, men and boys, and media outlets to end child marriage; (b) develop the capacity of national level platforms that monitor, report and advocate the honouring of global and regional commitments on reproductive rights; (c) coordinate the implementation of the United Nations Joint Programme on Gender-Based Violence Prevention and Response, including rolling out the 'one-stop-centre' model for survivors of gender-based violence; (d) advocate and provide technical assistance for mainstreaming gender equality and gender-based violence into national and sectoral policies and plans; and (e) support coordination of the Health Sector Gender Working Group and the National Task Force on protection from sexual exploitation and abuse.

D. Outcome 4: Population dynamics

16. *Output 5: Improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings.* The priority interventions are: (a) capacity-building for the National Bureau of Statistics to generate, analyse, produce and disseminate statistical reports and use them to report on

the Sustainable Development Goals; (b) advocate the use of UNFPA-supported, policy-oriented research on the demographic dividend and sexual and reproductive health and gender-based violence in sectoral planning; (c) strengthen the work of parliamentarians and media networks to advocate on linking population and development in government plans and budgets; (d) support the application of modern geo-referenced demographic data generation technology, including satellite imagery, to collect data in inaccessible areas for the Population and Housing Census, and to monitor selected Sustainable Development Goal indicators; and (e) support the Bureau of Statistics to coordinate multi-stakeholder forums on data for development and humanitarian action.

III. Programme and risk management

17. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

18. The Ministry of Finance and Economic Planning and UNFPA will jointly coordinate programme planning, implementation, monitoring and review. UNFPA will use both direct and national executions with line ministries, departments and agencies, and with non-governmental organizations including religious and cultural institutions, using the 'harmonized approach to cash transfers'. Implementing partners will be competitively selected. The programme will apply results-based management and accountability principles.

19. The Resource Mobilization Plan will guide efforts for expanding the donor base, deepening resource mobilization from existing donors, mobilizing private sector support and developing joint programmes with other United Nations organizations. The Partnership Plan will guide efforts to widen and deepen relationships with partners.

20. The programme will benefit from technical, operational and programmatic support from UNFPA staff at regional and headquarter levels, and leverage South-South cooperation and surge capacity deployment in case of humanitarian crises. The staff mix will be based on the recent re-alignment for effective programme delivery.

21. The INFORM Index classifies South Sudan as a very high-risk country. Programme risks include (a) worsening political tension and armed conflict, causing displacement and limiting access; (b) poor road networks with increased cost of programme delivery; and (c) economic deterioration with limited institutional and technical capacities of national partners for implementation and sustainability. UNFPA will regularly assess the operational, security, sociopolitical and fraud risks of the programme, and develop and implement an enterprise risk management plan. In collaboration with the United Nations country team, UNFPA will regularly conduct programme criticality assessments for managing security risks, including remote programming. UNFPA will strengthen emergency preparedness planning for timely and effective response to affected populations in emergencies, particularly women and girls.

IV. Monitoring and evaluation

22. UNFPA and its partners will develop and implement a costed monitoring and evaluation plan and tools. The plan will guide the monitoring of programme and financial performance. It will include field visits, twice-yearly reviews, and thematic and overall programme evaluations. When necessary, monitoring in inaccessible areas will be done through remote and third-party arrangements. Dedicated monitoring and evaluation staff will be assigned, and a dedicated budget allocated, for monitoring and evaluation functions.

23. UNFPA will support the 'Delivering as One' approach by providing strategic leadership in result groups and high-quality contributions to relevant UNDAF plans, reports and evaluations. UNFPA will support national and sectoral efforts for

strengthening monitoring and evaluation functions, and for reporting on indicators related to sexual reproductive health and rights.

RESULTS AND RESOURCES FRAMEWORK FOR SOUTH SUDAN (2019-2021)

National priority (Peace Agreement Implementation Area): (i) Increase partnership with development and humanitarian partners to ensure that policies, strategies, programmes, projects and action plans are participatory; and (ii) expedite the relief, protection, voluntary and dignified repatriation, rehabilitation and resettlement of internally displaced persons.

Outcome 2: Most vulnerable populations including women and children increasingly use improved basic healthcare, nutrition, education and WASH services in South Sudan: Strengthened peace infrastructures and accountable governance at the national, state and local levels. *Indicator*: Proportion of births attended by skilled health professionals. *Baseline:* 14.7%; *Target:* 25%.

Outcome 3: Participation and leadership in decision-making; and protection against gender-based violence for women and youth enhanced. *Indicator*: Percentage of respondents who report increased personal safety and security, disaggregated by gender. *Baseline*: male, 27.1 and female, 29.5; *Target:* 48 and 52 respectively.

Outcome 5: Participation and leadership in decision-making; and protection against gender-based violence for women and youth enhanced. *Indicator*: Percentage of women in parliament. *Baseline: 26.5; Target: 30*

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health Outcome Indicators: • Proportion of births attended by skilled health personnel. *Baseline*: 14.7%; *Target*: 25% • Contraceptive prevalence rate *Baseline:* 4.5; *Target:* 9.0 • Percentage of women and men aged 15-24 years who both correctly identify ways of preventing transmission of HIV and reject major misconceptions about HIV transmission. *Baseline:* 54 for women and 64 for men; *Target:* 64 and 74 respectively	Output 1: Crisis-affected populations, particularly women and adolescent girls, have increased access to information and services for maternal health, family planning, gender-based violence and HIV prevention in emergency and fragile contexts	• Number of trained service providers and managers with adequate knowledge and skills to implement the Minimum Initial Service Package. *Baseline*: 946; *Target*: 1,546 • Number of people accessing integrated sexual reproductive health services in displacement camps/settings and the 14 target facilities, disaggregated by type of service. *Baseline:* 1,005,000 accessing reproductive health services; 463,500 accessing gender-based violence services and 37,112 accessing family planning services; *Target:* 2,300,000; 1,170,000 and 150,000 respectively; • Number of fistula patients successfully operated on with direct support from UNFPA. *Baseline*: 900; *Target*: 1,350 • Existence of inter-agency reproductive health and gender-based violence sub-cluster coordination bodies functioning as per standard operating procedures. *Baseline:* No; *Target:* Yes	Ministry of Gender; Ministry of Health; non-governmental organizations; civil society groups; United Nations organizations; and World Bank	$21.5 million ($ 2.0 million from regular resources and $19.5 million from other resources)
	Output 2: National systems, especially for maternal health and family planning are strengthened for the provision of high-quality integrated sexual reproductive health information and services and for accountability on sexual reproductive health and rights	• Number of midwives trained using curricula that meet International Confederation of Midwives and WHO standards. *Baseline*: 335; *Target*: 658 • Percentage of service delivery points that have no stock-out of at least 3 contraceptive methods in the last three months. *Baseline*: 31; *Target*: 40 • Maternal health integrated in Universal Periodic Report. *Baseline:* No; *Target:* Yes		$21.6 million ($1.3 million from regular resources and $20.3 million from other resources)
Outcome 2: Adolescents and youth Outcome indicators: Number of sectors that have mainstreamed adolescents and	Output 3: Adolescents and youth are better able to make informed decisions on their sexual reproductive health and rights, and to participate in planning, implementation and evaluation of	• Number of national and state institutions that effectively engage adolescents and youth in decision-making as per agreed procedures. *Baseline:* 0; *Target:* 15 • Number of secondary schools that have integrated sexuality education into school curricula. *Baseline:* 20; *Target:* 50 • Existence of operational multisectoral coordination mechanism on youth that advocates for increased	Ministry of Education; Ministry of Health; United Nations organizations; youth organizations; civil society and religious organizations; private	$4.0 million ($1.6 million from regular resources and $2.4 million from other resources)

youth issues in their policies and plans. *Baseline:* 2; *Target:* 5	peacebuilding, development and humanitarian policies and programmes	investments in marginalized adolescents and youth. *Baseline*: No; *Target*: Yes •	sector organizations; opinion leaders; young people; and the media	
Outcome 3: Gender equality and women empowerment Outcome Indicators • Percentage of women aged 20-24 years who were married or in a union before age 18. *Baseline:* 45; *Target:* 40 • Percentage of respondents who find it justifiable for men to beat their wives or partners for any reason. *Baseline:* 74; *Target:* 65	Output 4: Increased multisectoral capacity to prevent and respond to gender-based violence and harmful practices, including child marriage	• Existence of national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence and child marriage. *Baseline:* No; *Target:* Yes • Number of communities that make public declarations to eliminate child, early and forced marriage, with support from UNFPA. *Baseline:* 0; *Target:* 30 • Number of "One Stop" centres established within public health facilities for multisectoral case management of gender-based violence. *Baseline:* 1; *Target:* 10	Ministries of Gender; South Sudan Human Rights Commission; Ministry of Health; Ministry of Education; United Nations organizations; United Nations Mission in South Sudan; Religious and Cultural Institutions; non-governmental organizations; and the Media	$5.0 million ($1.0 million from regular resources and $4.0 million from other resources)
Outcome 4: Population dynamics Outcome indicators: • Existence of a population report based on satellite imagery. *Baseline*: No; *Target*: Yes • Number of evidence-based national and sectoral policies, plans and programmes that integrate population dynamics. *Baseline:* 2; *Target:*5	Output 5: Improved national systems for generation and dissemination of population data and demographic intelligence, including in humanitarian settings	• Number of national surveys, assessments and thematic analyses conducted on reproductive health and gender-based violence. *Baseline:* 1; *Target:* 6 • Percentage of UNFPA-prioritized Sustainable Development Goals indicators regularly updated by the National Bureau of Statistics. *Baseline:* 0; *Target:* 100 • Number of sector plans that have integrated the demographic dividend study report recommendations. *Baseline:* 0; *Target:* 4	National Bureau of Statistics; Parliament; Ministry of Gender; Ministry of Youth; Ministry of Health; Ministry of Education, United Nations organizations; World Bank; and academia	$2.0 million ($1.0 million from regular resources and $1.0 million from other resources)